

Annual Report for the year:	2021
Limited Liability Company	

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED	
OCT 07 2021	
No.K.	
BY_QUOI	

1. Entity ID Number 001678697	l l	2. Exact name of the Limited Liability Company  Brute and Hector LLC					
3. NAICS Code 445290		Brief description of the character of business conducted in Rhode Island     Popcorn store					
5. State of Formation							
Massachusetts							
6. Principal Office Address	Principal Office Address			State	Zip		
657 Russells Mills Rd			Dartmouth	MA	02748		
7. Mailing Address of Limite		y and Name or Tit		*			
Contact Name Harold Miller Jr			Contact Title President				
Street Address 818 Jefferson Street		City Fall River	State MA	<sup>Zip</sup> 02721			
8. List ALL managers (nam		of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS		
Aanager Name Harold Miller JR		Manager Name					
Street Address 657 Russells Mills Rd		Street Address					
City Dartmouth	State MA	<sup>Zip</sup> 02748	City	State	Zip		
Manager Name		Manager Name					
Street Address			Street Address				
City	State	Zip	City	State	Zip		
				Check the box to it	1 ndicate an attachment		
<ol><li>The Resident Agent infor</li></ol>	mation currently of	record with the RI	Department of State is acc	urate. Changes require	e filing Form 642.		
Under penalty of perjury, i statements, and that all st	l declare and affin latements contains	n that I have exa ed herein are tru	mined this report, including and correct.	ng any accompanyin	g schedules and		
Name of Authorized Person				Date	Date		
Harold Miller Jr			10/05/2	10/05/2021			
Signature of Authorized Per	son			<u> </u>			
Signature of Authorized Per	son			10/03/2	.021		

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov